AMENDED

May 9, 2012

**H. 4944**

Introduced by Reps. Crawford, Patrick, Herbkersman, Brady, Bedingfield, Anderson, Sandifer, Erickson, McCoy, Brannon, Bowers, Gambrell, Hayes, Limehouse, Lowe, Mack, Pinson, Spires, Edge, Stavrinakis and Whipper

S. Printed 5/9/12--H. [SEC 5/15/12 10:39 AM]

Read the first time March 1, 2012.

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, SO AS TO ENACT THE “SOUTH CAROLINA TELEMEDICINE INSURANCE REIMBURSEMENT ACT”; BY ADDING SECTION 38‑71‑295 SO AS TO PROVIDE RELATED DEFINITIONS, TO PROVIDE FOR A PHYSICIAN OR OTHER HEALTH CARE PROVIDER THAT PERFORMS TELEMEDICINE SERVICES IN A CERTAIN MANNER MUST BE REIMBURSED FOR THOSE SERVICES IN THE SAME MANNER AS HEALTH CARE SERVICES PROVIDED THROUGH AN IN‑PERSON CONSULTATION, TO PROVIDE DELIVERY OF HEALTH CARE BY MEANS OF TELEMEDICINE MUST SATISFY CERTAIN REQUIREMENTS FOR DELIVERING THE SAME CARE IN PERSON; AND TO PROVIDE THE SOUTH CAROLINA BOARD MEDICAL EXAMINERS MAY AUTHORIZE THE PROVISION OF ADDITIONAL HEALTH CARE SERVICES BY CERTAIN MEANS THROUGH THE USE OF STANDARD TELEPHONE, FACSIMILE TRANSMISSIONS, UNSECURED ELECTRONIC MAIL, OR A COMBINATION OF THEM, SUBJECT TO AN EXCEPTION.

Amend Title To Conform

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. This act is known and may be cited as the “South Carolina Telemedicine Insurance Reimbursement Act”.

SECTION 2. Article 1, Chapter 71, Title 38 of the 1976 Code is amended by adding:

“Section 38‑71‑295. (A) For the purposes of this article:

(1) ‘Telemedicine’ means the delivery of health care, including diagnosis, treatment, or transfer of medical data, by means of interactive audio, video, or data communications by a licensed physician or other health care provider at a consultant site to a patient at a referring site. Interactive audio and video telecommunications must be used between the consultant site and the referring site. Standard telephone, facsimile transmissions, unsecured electronic mail, or a combination of them do not constitute telemedicine services.

(2) ‘Consultant site’ means the physical site at which the consulting physician or other health care provider is located at the time that health care is provided by means of telemedicine.

(3) ‘Referring site’ means the physical site of the patient.

(4) ‘Insurer’ means an accident and health insurance company, fraternal benefit society, hospital service corporation, medical service corporation, health care corporation, health maintenance organization, preferred provider organization, provider‑sponsored health care corporation, managed care entity, or any similar entity authorized by the State of South Carolina to provide health insurance policies in this State.

(5) ‘Health care provider’ means a licensed physician, physician group practice, hospital system, or a licensed physician’s assistant or licensed advanced practice registered nurse practicing within his or her scope of practice and supervision requirements, except for distance, under the laws of this State. For purposes of the referring site, a health care provider may include a registered nurse licensed in this State who is providing health care in a school or prison setting. For purposes of the consultant site, a health care provider may include a licensed speech pathologist or licensed or certified disease management educator.

(B) The physician or other health care provider at the consultant site delivering health care by means of telemedicine to a patient at the referring site must be reimbursed for those services in the same manner as health care services provided through an in‑person consultation. Nothing in this section shall prohibit a commercial insurer or managed care organization from including or excluding telemedicine services as a covered service in a health care contract or from negotiating with health care providers for reimbursement rates for telemedicine.

(C) If a patient seeks and receives telemedicine services and has an existing medical home, it is the responsibility of the telemedicine provider to promptly and electronically communicate the details of the encounter to the medical home. It then becomes the responsibility of the medical home to decide when a face to face encounter is necessary.

(1) If the patient seeks and receives telemedicine services and has no existing medical home, it becomes the responsibility of the telemedicine provider to either perform a face to face encounter or arrange for a face to face encounter with an existing physician practice within one week.

(2) A medical home is defined as a primary care or internal medicine practice in which the patient has received care within one year.

(D) The South Carolina Board of Medical Examiners has the authority to authorize, at its sole discretion, other specific programs that use standard telephone, facsimile transmissions, unsecured electronic mail, or a combination of them to render health care services; however, services provided though such specific programs are not subject to subsection (B).”

SECTION 3. This act takes effect upon approval by the Governor.

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